EMPLOYEE CONTRACT GRIEVANCE

STD. 630 (REV. 10-95) FMC

BARGAINING UNIT NAME BARGAINING UNIT NUMBER (Circle one)			
	1 2 3 4 5 6 7 8 9	10 11 12 13 14 15 16 17 18 19 20 21	
	o your bargaining unit's contract for specific info ployee grievance procedures and time frame rec		
GRIEVANT'S NAME		HOME TELEPHONE NUMBER	
HOME ADDRESS (Number and street)	(City)	(State) (Zip Code)	
DEPARTMENT	DIVISION OR FACILITY	SECTION, BRANCH, UNIT, ETC.	
POSITION CLASSIFICATION	NORMAL WORKING HOURS	WORK TELEPHONE NUMBER	
	REPRESENTATION INFORMATION (Complete if applicable)	
REPRESENTATIVE'S NAME	ORGANIZATION OR AFFILIATION	TELEPHONE NUMBER	
	GRIEVANCE INFORMATION		
DATE OF ACTION CAUSING GRIEVANCE	DATE OF INFORMAL DISCUSSION WITH IMMEDIATE SUPERVISOR	DATE OF INFORMAL RESPONSE	
SPECIFIC ARTICLE(S) AND SECTION(S) OF CONTRACT ALI	LEGEDLY VIOLATED		
SPECIFIC REMEDY SOUGHT			
SPECIFIC REWEDT SOUGHT			
GRIEVANT'S SIGNATURE		DATE FILED	

STD 630 (REV. 10-95) (REVERSE) FMC				
	GRIEVANCE	REVIEWLEVEL I		
DATE RECEIVED	LEVEL I REVIEWER (Signature)		RESPONSE DATE	
REVIEWER'S PRINTED NAME AND TITLE	55-4		TELEPHONE NUMBER	
			()	
LEVEL I DECISION			, ()	
-				
	I do not concur and appeal to	GRIEVANT'S SIGNATURE	DATE SIGNED	
I concur and do not appeal to the second review level	I do not concur and appeal to the second review level (State reason below)			
REASON FOR APPEAL	reason below)	(See 4)		
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GRIEVANCE REVIEWLEVEL II				
DATE RECEIVED	LEVEL II REVIEWER (Signature)	. INCAICAACCACC II	RESPONSE DATE	
DATE RECEIVED	(a)		RESPONSE DATE	
	REVIEWER'S PRINTED NAME AND TITLE			
Decision attached	REVIEWERS FRANCES IVAME AND THEE			
	I do not concur and annual to	GRIEVANT'S SIGNATURE	DATE CIONED	
I concur and do not appeal	I do not concur and appeal to the third review level (State reason below)	CALL VANTO SIGNATURE	DATE SIGNED	
TEASON FOR APPEAL	└── reason below)	(SEC)		
NEAGON ON A LAC				
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	GRIEVANCE REVIEWI EVEL IIII	DEPARTMENT DIRECTOR OR DESIGNEE		
DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature)	DEPARTMENT DIRECTOR OR DESIGNEE	RESPONSE DATE	
Z E NEGENED	A DIRECTOR OR DESIGNEE (Signature)		INLOF ONGE DATE	
	PRINTED NAME AND TITLE			
Decision attached	. MITTED IN WIL AND THEE			
	I do not concur and anneal to	GRIEVANT'S SIGNATURE	DATE SIGNED	
I concur and do not appeal	I do not concur and appeal to the fourth review level (State reason below)		DATE SIGNED	
to the fourth review level REASON FOR APPEAL	reason below)	A		
REASON FOR APPEAL				
	GRIEVANCE REVIEWLEVEL IVDEPA	ARTMENT OF PERSONNEL ADMINISTRATION		
DATE RECEIVED	DIRECTOR OR DESIGNEE (Signature)		RESPONSE DATE	
Designation of the state of	PRINTED NAME AND TITLE			
Decision attached				